



Adult Learning & Continuing Education Centres

PRINCIPAL TO PRINCIPAL TRANSFER FORM

DATE OF REQUEST: _____

ATTENTION: PRINCIPAL/VICE PRINCIPAL

The following student is requesting permission to attend _____
Name of School

I support this request subject to the information indicated below.

STUDENT NAME		DOB	DD	MM	YY
STUDENT ID	OEN	GRADE			
STUDENT ADDRESS		TELEPHONE			
OUTSTANDING OBLIGATIONS:					
STARTING DATE AT REQUESTED SCHOOL					
LEAVING DATE			CREDITS EARNED		
Comments on Attendance and/or behavior concerns:					
PRINCIPAL/VICE PRINCIPAL					
DATE OF RESPONSE					
DECISION BY RECEIVING SCHOOL:					
PRINCIPAL/VICE PRINCIPAL					

80 Young Street, Kitchener, ON, N2H 4Z1
F: 519-745-4277 F: 519-621-1359
T: 519-745-1201